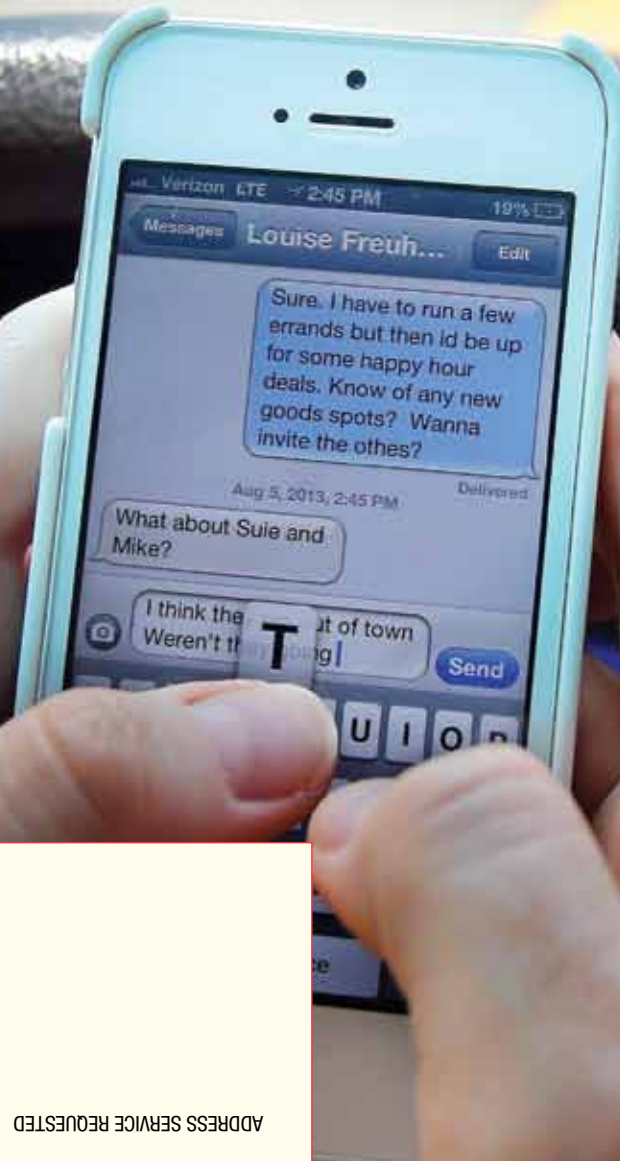


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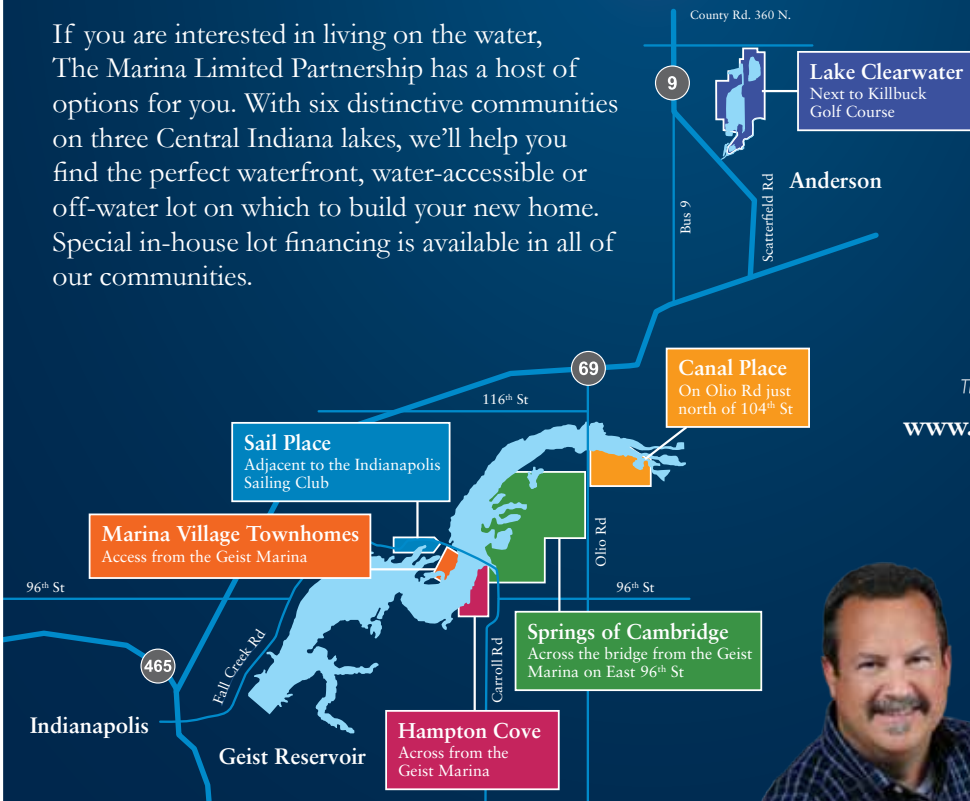
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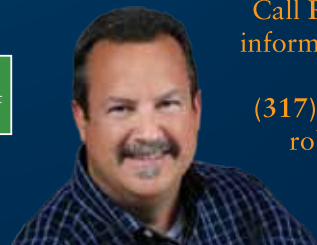


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## about our cover

*On our cover:*

*The IMS highlights the National Distracted Driving Awareness Month from the National Safety Council. The photograph is attributed to [www.virginiadriverttraining.com](http://www.virginiadriverttraining.com)*

## National Health Observances for April 2015

**Alcohol Awareness Month**  
[www.ncadd.org](http://www.ncadd.org)

**Irritable Bowel Syndrome Awareness Month**  
[www.aboutibs.org/site/about-ibs/april-ibs-awareness-month](http://www.aboutibs.org/site/about-ibs/april-ibs-awareness-month)

**National Autism Awareness Month**  
[www.autism-society.org](http://www.autism-society.org)

**National Child Abuse Prevention Month**  
[www.childwelfare.gov/preventing/preventionmonth](http://www.childwelfare.gov/preventing/preventionmonth)

**National Distracted Driving Awareness Month**  
[www.nsc.org](http://www.nsc.org)

**National Donate Life Month**  
[www.organdonor.gov](http://www.organdonor.gov)

**National Facial Protection Month**  
[www.aaoms.org](http://www.aaoms.org)

**National Minority Health Month**  
[www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)

**National Sarcoidosis Awareness Month**  
[www.nationalsarcoidosisfriends.org](http://www.nationalsarcoidosisfriends.org)

**Occupational Therapy Month**  
[www.aota.org](http://www.aota.org)

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## An Important Conversation

As we examine and visit with our patients, we routinely ask questions about their general health and wellness. All too often we may not have the time to ask (or may not think to ask) the simple life-saving questions. If a patient is exhibiting weight fluctuations, we may ask about healthy eating. If a patient is losing muscle mass, we may ask about exercise. If there are symptoms that are cause for concern, we may ask more pointed questions if we think depression or abuse may be an issue.

At least for me, I don't always ask questions about distracted driving – I do about alcohol and driving, but not always texting and driving. It should become a regular part of our interviews. As experience and research has shown, we are significant influencers in the lives of patients. This may and should have positive influence in saving lives. This is National Distracted Driver Awareness month as designated by the National Safety Council (NSC). Perhaps, it's time to start a conversation with our patients, staffs, and families (maybe even a little self-help discussion). As we drive along the streets of Indianapolis, we see distracted drivers on a nearly daily basis. We see how the "other guy" is in some cases reckless and exhibits significant disregard for others.

Over the years, we've all seen bad drivers putting on make-up, doing their hair, shaving, reading maps and papers, deep in conversation with riders, turning around in their seat and disciplining their children, eating, drinking and even "dancing" to the music.

As stated by the NSC, in 2011 alone, motor vehicle crashes claimed more than 35,000 lives.

According to *Injury Facts*® 2014, the Council's annual report on unintentional injuries, the three biggest causes of fatalities on the road include:

1. Alcohol (30.8%)
2. Speeding (30%)
3. **Distracted driving (26%)**

With advancements in cell phone technology, distracted driving has been an increasing and misunderstood trend. In fact, findings from a recent NSC public opinion poll indicate 80% of drivers across America incorrectly believe that hands-free devices are safer than using a handheld phone. <sup>(1)</sup>

Distracted driving, regardless of whether it's hands-free or handheld, is a dangerous threat to patient, family, friends and staff safety.

### An Estimated 1 in 4 Car Crashes Involves Cell Phone Use

"Many distractions exist while driving, but cell phones are a top distraction because so many drivers use them for long periods of time each day. Almost everyone has seen a driver distracted by a cell phone, but when you are the one who is distracted, you often don't realize that driver is you."

### Hands-free is Not Risk-free

"With some state laws focusing on handheld bans and carmakers putting hands-free technology in vehicles, it's no wonder people are confused. However, while many drivers

honestly believe they are making the safe choice by using a hands-free device, it's just not true. Your brain remains distracted by the conversation."

According to the NSC, the myth of multitasking has been debunked for distracted driving, because the brain quickly toggles between tasks, but it cannot do two things at once. The activity area of the brain that processes moving images decreases by one-third when listening or talking on a phone. <sup>(2)</sup>

As a physician, I can't always "buy" the safety science; because by nature and experience, we physicians are great multitaskers. We read, write, listen, examine, calculate all while following the rules, checking the coding and exhibiting the proper concern for a patient. Our moving images are the current health and consequences for our patients.

My thoughts on distracted driving for this article were enhanced as I drove to the office the other day ... a driver in front of me was driving 10 mph above the speed limit, and then driving 15 mph under the speed limit. My first thought, "He is looking for an address." As I passed him when he stopped in the middle of the street without apparent reason was: "he's talking on his cell phone." I kept my single-word descriptor of that driver to myself. A few minutes later on that same drive, another driver was easing along to my right side with uneven speed... "Ah, she is going to turn right" but no they were just "in a hurry while talking" and then suddenly pulled ahead of me and turned left. Yes, left from the right hand lane...missed me by inches!

Distracted drivers! We see them every day.

Are our patients distracted drivers? Family members? Staff? Have we ever even mentioned safety behind the wheel or safety at home, work or play? We can make a difference with a simple question. I suggest you visit <http://www.nsc.org> for more information. According to many sources including the NSC, teen drivers are most at risk because they lack experience and they are the digital generation.

I will admit grudgingly that I may have, on occasion, been a distracted driver. I have, of course, hands-free driving options in my auto (I also noticed that I can hit a "do not disturb" button – I never noticed it until writing this article) and assume that I am not that "other guy" causing peril on the roadways. But I am a multitasker and may not have my mind on safe driving habits...after this; maybe, I too will become a less distracted driver.

This is also **Alcohol Awareness Month** sponsored by [www.ncadd.org](http://www.ncadd.org). We know the effects of alcohol on drivers and patient lives.

Let's think about asking some safety questions this year. Let's focus on wellness opportunities that are not "top of mind" issues in our practices and lives. Wellness, in general, for patients and physicians is a goal and one for another conversation.

(1), (2), <http://www.nsc.org>

IMS President



## *Few Seniors Benefiting from Medicare Obesity Counseling*

In the farming town of Exeter, deep in California's Central Valley, Anne Roberson walks a quarter mile down the road each day to her mailbox. Her walk and housekeeping chores are the 68-year-old's only exercise, and her weight has remained stubbornly over 200 pounds for some time now.

"You get to a certain point in your life and you say, 'What's the use?'"

For older adults, being mildly overweight causes little harm, physicians say. But too much weight is especially hazardous for an aging body: Obesity increases inflammation, exacerbates bone and muscle loss and significantly raises the risk of heart disease, stroke and diabetes.

To help the 13 million obese seniors in the US, the Affordable Care Act included a new Medicare benefit offering face-to-face weight-loss counseling in primary care doctors' offices. Doctors are paid to provide the service, which is free to obese patients, with no co-pay. But only 50,000 seniors participated in 2013, the latest year for which data is available.

"We think it's the perfect storm of several factors," said Dr. Scott Kahan, an obesity medicine specialist at George Washington University. Dr. Kahan notes that obese patients and doctors aren't aware of the benefit, and doctors who want to intervene are often reluctant to do so. It's a touchy subject to bring up and some hold outmoded beliefs about weight problems and the elderly.

"It used to be thought that older patients don't respond to treatment for obesity as well as younger patients," Dr. Kahan remarked. "People assume that they couldn't exercise as much or for whatever reason they couldn't stick to diets as well. But we've disproven that."

Indeed, one study found two out of three older patients lost five percent or more of their initial weight and kept it off for two years.

Weight loss specialists place the blame for poor awareness of the new benefit on the federal government's decision to limit counseling to primary care offices.

"The problem with using only primary care providers," indicated Bonnie Modugno, a registered dietician in Santa Monica, California, "is that they completely ruled out direct reimbursement for the population of providers who are uniquely qualified and experienced working with weight management. I think that was a big mistake." She was referring

to registered dietitians like herself, as well as specialists such as endocrinologists, who might be managing a person's diabetes, and cardiologists, who monitor patients with heart disease. Both conditions can be caused by or made worse by excess weight.

The drafters of the health law deliberately wrote the benefit narrowly out of concerns about widespread fraud, if charlatans were able to bill Medicare for obesity counseling. Ms. Modugno notes she is sympathetic to that concern, but it is too restrictive as enacted.

"Unless we change the nature of how...the counseling occurs, I don't see it being available to people in a meaningful way," said Ms. Modugno.

As for Anne Roberson, she noted the extra weight she has long carried on her petite frame has begun taking a toll on her joints, her sleep and her mood. On a recent morning, Ms. Roberson listened politely to her longtime physician, Dr. Mylene Middleton Rucker, during her first Medicare weight-loss counseling session. Dr. Rucker suggested she eat more vegetables and less meat and encouraged her to join an exercise class.

Dr. Rucker, who is obese herself, said she doesn't expect her older patients to lose a lot of weight. "I think you'll see weight loss of 10 to 20 pounds, but whether you're going to see people lose 50 to 100 pounds as they're older, I doubt it." Still, Dr. Rucker said, even with small amounts of weight loss in her older patients, she expects to see a decrease in the complications of chronic medical diseases, including diabetes-related leg amputations.

Ms. Roberson remarked that she has tried to lose weight before, but "you hit a couple of rough weeks and you kinda slough off." This time, Ms. Roberson said firmly, she will have to come back and answer to Dr. Rucker.

*Sarah Varney, Kaiser Health News  
Kaiser Health News (KHN) is a nonprofit national health policy news service.*

*KHN's coverage of aging and long term care issues is supported in part by a grant from The SCAN Foundation.*

*The article also appeared on NPR.  
svarney@kff.org | @SarahVarney4*

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# Bulletin Board

**William J. Berg, MD**, presented March 24, 2015, at the Franciscan St. Francis Heart Center on “Why does it hurt to walk,” as a part of the Ask-the-Doc sessions.

**Theresa M. Rohr-Kirchgraber, MD**, presented, “Negotiating Skills for Women,” for the American Academy of Physician Leaders.

**Jeffrey A. Greenberg, MD**, from the Indiana Hand to Shoulder Center attended the Argentinian Society for Surgery of the Hand held in Buenos Aires, Argentina on October 14-17, where he presented “Hemi-hamate Replacement Arthroplasty for PIP Fracture Dislocations” at the Pre-course hosted by the American Association for Hand Surgery. He also presented talks on “Allograft Nerve Reconstruction for Peripheral Nerve Defects” and “Distal Ulna Replacement Arthroplasty” at sessions held during the main meeting.

He was the invited Visiting Professor at the University of Missouri Department of Orthopedic Surgery, where he moderated Journal Club for the orthopedic residents and then presented “Distal Radial Malunions: Avoiding Problems of the Distal Radioulnar Joint” at Orthopedic Grand Rounds.

Dr. Greenberg attended the Annual Meeting of the American Association for Hand Surgery in January 2015. He was Chairman of an Instructional Course “Ulnar Sided Wrist Pain.” He also presented a lecture “Management of Ulnar Impaction” and “The Use of Avance Allograft for Nerve Reconstruction” at the Panel Discussion on The Value of Nerve Repair Technologies in “Your Practice Symposium” and a lecture at the AAHS sponsored Comprehensive Review Course “TFCC and Ulnar Impaction.”

**Michael H. Fritsch, MD**, Professor specializing in Otolaryngology-Neurotology presented his surgical techniques for chronic otitis media and cholesteatoma at the National Otolaryngology Meeting in Detroit, Michigan.

## News from Goodman Campbell Brain and Spine...

**Nicholas M. Barbaro, MD**, and coauthors published the results of a survey conducted to characterize the current use of away rotations in neurosurgical resident education programs. Away rotations increase residents’ competency by providing exposure to cases that are either less common or more regionally focused. In some areas where training programs may have an insufficient case volume, away rotations enable residents to meet Residency Review Committee case minimum requirements. The survey included responses from neurosurgery resident program directors and a query of data from the Accreditation Council of Graduate Medical Education (ACGME). Details of survey results appeared in the January 29, 2015 issue of *Neurosurgery*.

**Dr. Barbaro, Aaron A. Cohen-Gadol, MD**, and other authors conducted a study of the brains of 10 cadavers (20 brain halves) to determine accurate cortical landmarks for localizing the hippocampus during temporal lobe surgeries. Accurate knowledge of the location of the hippocampus is required for neurosurgical procedures such as placing depth electrodes in the brains of epilepsy patients. The results of their study appeared in the February 3, 2015, issue of *Surgical Neurology International*.

**Joel C. Boaz, MD, Daniel H. Fulkerson, MD**, and coauthors conducted a retrospective review of 49 pediatric patients who had received placement of a ventriculoatrial shunt. They measured 3 outcomes 1 year after shunt insertion: shunt malfunction, shunt infection, and bacteremia or fungemia requiring shunt removal. The authors identified potential risk factors and determined the association between each risk factor and outcome measure. Their results were published in the February 25, 2015, issue of *Child’s Nervous System*.

**Aaron A. Cohen-Gadol, MD**, and coauthors reported on a case of a 52-year-old woman who had previously undergone coil embolization of a ruptured right-sided posterior communicating artery aneurysm and 2 other small aneurysms. In their video, the authors showed



Nicholas M. Barbaro, MD



William J. Berg, MD



Joel C. Boaz, MD



Aaron A. Cohen-Gadol, MD



Daniel H. Fulkerson, MD



Michael H. Fritsch, MD



Jeffrey A. Greenberg, MD



James C. Miller, MD



Jean-Pierre Mobasser, MD



Troy D. Payner, MD



Eric A. Potts, MD



Richard B. Rodgers, MD



Theresa M. Rohr-Kirchgraber, MD



Mitesh V. Shah, MD



Ronald L. Young, II, MD

microsurgical techniques used to clip ligate the small aneurysms. View their video supplement in the January 2015 online issue of *Neurosurgical Focus*.

In another 3-dimensional operative video, Dr. Cohen demonstrated minimally invasive clip ligation of anterior communicating artery aneurysms by means of the eyebrow keyhole supraorbital craniotomy. View this video online in the February 14, 2015, issue of *Neurosurgery*.

Dr. Cohen and a coauthor have published an article describing the use of an interhemispheric transfalcine approach and awake cortical mapping to resect peri-atrial low-grade gliomas in the peri-atrial region of the brain. Read their article in the February 2015 issue of the *Journal of Clinical Neuroscience*.

Another article by Dr. Cohen and coauthors describes the use of intraoperative motor fiber tract stimulation to map the corticospinal tracts associated with tumors of the spinal cord. They found that this technique led to protection of these tracts during surgery to remove the tumor. Look for this article in the February 2015 issue of the *Journal of Neurosurgery, Spine*.

Dr. Cohen and coauthors also investigated ways to better localize the temporal horn by dissecting brains from 11 cadavers. Because the temporal horn is often difficult to localize, the authors aimed to identify cortical landmarks and measurements that would make it easier to localize during procedures such as placing intraventricular electrodes for temporal lobe seizure monitoring. Their article was published in the February 3, 2015, issue of *Surgical Neurology International*.

Goodman Campbell Brain and Spine was a sponsor of the 2015 Winter Clinics for Cranial & Spinal Surgery held February 22–26, 2015, in Snowmass Village, Colorado. The Cleveland Clinic and the Mayo Clinic were also sponsors.

The Winter Clinics faculty included several Goodman Campbell neurosurgeons:

**Nicholas M. Barbaro, MD**, presented “Surgery for Medically Intractable Epilepsy” during the Pain and Movement Disorders sessions. **Jean-Pierre Mobasser, MD**, presented “Oblique Lumbar

*Continued on page 12.*

## New Members

**Larkins-Stevenson, Debra, DO**  
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County Line Medical Pavilion  
333 E. County Line Rd., #B  
Greenwood, 46143-1080  
Ofc – 497-6333\*  
Fax – 497-6388  
Email – dlarkins@ecommunity.com  
Obstetrics & Gynecology, 1997, 2013  
New York College of  
Osteopathic Medicine, 1989

**Pallavala, Reddy R., MD**  
Community Physician Network  
Pediatric Care at Stones Crossing  
3000 S. State Road 135, #200  
Greenwood, 46143-9829  
Ofc – 535-4073\*  
Fax – 535-4074  
Pediatrics  
Sri Venkateswara Medical  
College, India, 2006

**Shock, Christine M., MD**  
Franciscan Physician Network  
Southport Family & Sports Medicine  
7855 S. Emerson Ave., #P  
46237-8669  
Ofc – 888-5500  
Fax – 887-4806  
Family Medicine, 2010  
Indiana University, 2007

## In Memoriam



**Hubert Narvel Grimes, MD, 1929 - 2015**

Hubert Narvel Grimes, MD, 86, Greenwood, formerly of Indianapolis, passed away February 6, 2015. Dr. Grimes was born January 14, 1929 in Indianapolis. He married Dr. Eva Marie Schiffer, MD, and she preceded him in death April 1, 2009.

Dr. Grimes was a graduate of Butler University and Indiana University School of Medicine in 1953. He completed his internship at General Hospital in Indianapolis and his residency at Methodist Hospital in Indianapolis.

Dr. Grimes was a pediatrician in private practice on the east side of Indianapolis for over 30 years. He also practiced at Community North Med Check for 10 years.

Dr. Grimes was a veteran; he served in the U.S. Navy during the Korean War, attaining the rank of Lt. Commander.

Dr. Grimes served the IMS as an Alternate Delegate to the ISMA State Convention from 1968-1971.



**David L. Alvis, MD, 1935 - 2015**

David L. Alvis, MD, 80, passed away on February 21, 2015. He was born January 5, 1935 in Indianapolis.

Dr. Alvis was a 1956 Phi Beta Kappa graduate of DePauw University, where he was a member of Beta Theta Pi Fraternity and a 1960 graduate of the Indiana University School of Medicine, where he also interned from 1960 to 1961.

After serving two years in the U.S. Army as a captain, he completed his medical residency at Wayne State University in Detroit, Michigan and began practice as an ophthalmologist in Indianapolis in 1966, retiring in 2001.

Dr. Alvis was a Fellow of the American Academy of Ophthalmology and Otolaryngology and served as an officer (Treasurer and Executive Committee 1994-1997) and as a member of the Board of Directors (1991-1997) of the Indianapolis Medical Society. He received the Otis R. Bowen Physician Community Service Award in 1991 in recognition of his unceasing and dedicated service to his community.

As a medical student at IU, Dr. Alvis and his partner Harold Novotny pioneered the development of fluorescein angiography in 1959, a diagnostic imaging technique that uses a special dye and camera to view the blood flow in the retina. He was the first human subject to undergo the procedure. For this development, he was made an Honorary Life Member of the Ophthalmic Photographers' Society in 1978 for his long-term dedication and significant and lasting contributions of professional expertise to the society.

## Bulletin Board *(Continued from page 11)*

Interbody Fusion” during the Emerging Treatments in Spine Surgery sessions. **Troy D. Payner, MD**, moderated the Physician Alignment Models and Business of Neurosurgery sessions. **Ronald Young, II, MD**, presented the “Six Pillars Approach to Glioma Surgery” during the Ordinary and Extraordinary Intracranial Lesions sessions.

**James C. Miller, MD**, and coauthors reviewed the anatomical and physiological barriers that naturally protect the brain and preserve its homeostasis, but which impede the delivery of chemotherapy for treating glioblastoma multiforme, the most common primary brain tumor. They provide an overview of current and future methods for circumventing these barriers. Read their article in the March 2015 issue of *Neurosurgical Focus*.

**Jean-Pierre Mobasser, MD**, instructed a course at the 31st annual meeting of the CNS/AANS Section on Disorders of the Spine and Peripheral Nerves Spine Summit in Phoenix, Arizona, on March 4, 2015. Along with several other instructors, Dr. Mobasser taught Special Course III, a course that used a problem-based learning format to explore uses and limitations of minimally invasive approaches to spine surgery.

**Troy D. Payner, MD**, and coauthors retrospectively examined the records of 631 patients diagnosed with pilocytic astrocytoma who were treated between 2006 and 2010. They concluded that pilocytic astrocytoma should be considered in the differential diagnosis of an intrasellar lesion to avoid confusion when diagnosing this tumor. Their report appeared in the January 2, 2015, issue of the *Journal of Clinical Neuroscience*.

**Eric A. Potts, MD**, directed a symposium at the 31st annual meeting of the CNS/AANS Section on Disorders of the Spine and Peripheral Nerves Spine Summit in Phoenix, Arizona, on March 6, 2015. The

focus of this session was the evolution of diagnosing and treating spinal disorders, and managing complications that arise during treatment.

**Richard B. Rodgers, MD**, presented “Spine Trauma—With and Without Spinal Cord Injury” at Deaconess Hospital Grand Rounds in Evansville, Indiana, on January 20, 2015.

**Mitesh V. Shah, MD**, and coauthors presented at the International Stroke Conference in Nashville, Tennessee, February 11–13, 2015. The title of their presentation was “The Safety and Efficacy of Image-Guided Trans-sulcal Radial Corridors for Hematoma Evacuation: A Multicenter Study.”

In a recently televised interview, Dr. Shah described a neurosurgical case of a woman from Canada who experienced a stroke while she was visiting Indianapolis during autumn 2014. Dr. Shah performed minimally invasive surgery on the patient using the NICO BrainPath® medical device. The patient’s outcome was remarkable: her condition improved significantly enough to allow her to return to a rehabilitation facility in Canada only 5 days after surgery. Now, 3 months after the surgery, she is living independently at home with minimal symptoms. The video appeared on the WISH-TV website (Channel 8) on February 16, 2015.

**Ronald L. Young II, MD**, was featured in a recent news interview for the remarkable success of an 81-year-old patient from Kokomo, Indiana, who suffered a stroke in April 2014. The patient’s condition had been deteriorating rapidly and he had been put on a ventilator. Dr. Young performed minimally invasive surgery using the NICO BrainPath® medical device to extract a large blood clot from the patient’s brain. The elderly patient has recovered nearly fully from the stroke. The interview appeared on the FOX59 website on February 18, 2015.



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# CME & Conferences

## Community Hospital East

First  
Wednesday Critical Care Conference  
Bradley Board Room, 12:00 - 1:00 p.m.

Second  
Tuesday Medical Grand Rounds  
Bradley Board Room, 12:30 - 1:30 p.m.

## Community Hospital North

First  
Wednesday Pediatric Grand Rounds  
Reilly Board Room  
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First  
Friday North Forum  
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other  
Month Psychiatry Grand Rounds  
7250 Clearvista Dr.  
4th Thursday Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

## Community Heart & Vascular Hospital

First  
Wednesday Imaging Conference:  
rotates Cath & Echo Case Presentations  
CHVH MCV Boardroom Videoconference to  
HVC Anderson Office, HVC East Office BR (Ste. 420)  
HVC South Office CR (Suite 2400)  
HVC Kokomo  
7:00 - 8:00 a.m.

Third  
Wednesday Ken Stanley CV Conference  
CHVH MCV Boardroom Videoconference to  
HVC Anderson Office, HVC East Office BR (Ste. 420)  
HVC South Office CR (Suite 2400)  
HVC Kokomo  
7:00 - 8:00 a.m.

Fourth  
Wednesday Disease Management Conference:  
rotates CHF & EP Case Presentations  
CHVH MCV Boardroom Videoconference to  
HVC Anderson Office, HVC East Office BR (Ste. 420)  
HVC South Office CR (Suite 2400)  
HVC Kokomo  
7:00 - 8:00 a.m.

## 2014 Cancer Conferences

Community Hospital East  
Third  
Thursday East General Cancer Conference - CHE  
Medical Staff Conference Room  
12:00 noon to 1:00, lunch provided

Fourth  
Tuesday East Multidisciplinary Breast Cancer Conference - CHE  
Medical Staff Conference Room  
7:00 to 8:00 a.m.

## Community Hospital North

First & Third  
Tuesdays North Multidisciplinary Breast Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:00 to 8:00 a.m.

Second & Fourth  
Wednesdays North Multidisciplinary GI/Colorectal Oncology Conference - CHN  
8040 Clearvista parkway, Suite 550  
7:00 to 8:00 a.m.

First  
Friday North Multidisciplinary Gynecologic Surgical  
Oncology Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:30 to 8:30 a.m.

First  
Wednesday North Chest Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:00 to 8:00 a.m.

Third  
Wednesday Melanoma Cancer Conference - CHN  
8040 Clearvista Parkway, Suite 550  
7:30 to 8:30 a.m.

## Community Hospital South

Second  
Wednesdays South Multidisciplinary Breast Cancer Conference - CHS  
Community Breast Care Center South  
533 E. County Line Rd., Suite 101  
8:00 to 9:00 a.m.

Fist  
Tuesday South Multidisciplinary GI/Colorectal Oncology Conference  
1440 E. County Line Rd.  
Community Cancer Care, Community Room  
12:00 to 1:00 p.m.

For more information, contact Valerie Brown, (317) 355-5381.

## Indiana University School of Medicine/ Indiana University Health

### IU – Methodist – Riley

April 10 Finding Inspiration and Resilience in Medicine (FIRM)  
Eskenazi Hospital - Rapp Conference Center

April 18 Practical Pearls General and Community Pediatrics 2015  
Riley Outpatient Center

April 23 Emergency Medicine and Trauma Conference for  
Advanced Providers  
IU Health Neuroscience Center

April 24 Sickle Cell Disease: Empowering Our Future  
Ivy Tech Community College, Corporate Conference and  
Culinary Center

April 24-26 American Medical Women's Association (AMWA)  
Annual Meeting  
The Palmer House, Chicago, Illinois

May 1 18th Annual IU Gastroenterology/Hepatology Update  
Indiana History Center

May 15-16 50th Annual Riley Hospital for Children's  
Pediatric Conference  
Sheraton Indianapolis Hotel at Keystone Crossing

May 21-22 Fundamental Critical Care Support  
IU Health Methodist Hospital, Wile Hall

June 26 Eosinophils and GI Tract: Esophagus and Beyond  
Indianapolis Marriott Downtown

July 10 Review and Interpretation of the 2014 ASCO Conf.  
University Tower, IUPUI Campus, Indianapolis

July 13-19 100th Annual Anatomy and Histopathology of the  
Head, Neck and Temporal Bone  
Van Nuys Medical Science Building, Indianapolis

Course dates and locations are subject to change. For more  
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## Events

### Indianapolis Medical Society

April  
21 Executive Committee, Society, 6:00 PM, Sandwiches  
22 Administrative Professional's Day (aka Secretaries' Day)

May  
19 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg  
TBA MSE Board Meeting, Society, 6:15 PM, Sandwiches

June  
6-10 AMA Annual House of Delegates' Meeting, Hyatt  
Regency, Chicago, IL  
11 Senior/Inactive Luncheon Meeting, 11:30 AM, Society  
16 Executive Committee, Society, 6:00 PM, Sandwiches  
21 IMS Advisory Breakfast (Le Peep's), 7:30 AM; ISMA  
BOT, 9:00 AM @ Headquarters

JULY  
21 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg



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